

Department of Public Safety & Correctional Services Maryland Online Sex Offender Registration

CJIS USE ONLY	
SID# FBI#	

DEMOGRAPHIC				*					
First Name	Middle Nam	e	Last Name			Suffix	Maiden Name	·	
DOD .						E C	<u> </u>	 .	
	oc Sec #:	Sex	; Ra	ice:	r I Di	Eye Co			
Hair Color:	Skin Ton			Height: F	NI 1	Weight			
Telephone Number:	Birth Country: Birth City/State/Province: Telephone Number: DL State: Driver's License #:						Citizenship: DL Exp. Year:		
	DL Sta	ite.i j Driver	5 License # .i_			DL EXP	Teal.	***************************************	
Scars, Marks, Tattoos:			Was yet to the state of the sta				The state of the s		
Alias Names, DOB, SS	#:		DOTAL TO THE CONTRACT OF THE PROPERTY AND THE CONTRACT OF THE						
Misc. Information:							-		
OFFENSE		The second secon						-	
Conviction Jurisdiction:	(Conviction County	y:	Sex Off	ense:				
Offense Date:	Conviction Date:	Mi	scellaneous (weap	on type, crime des	scription, etc)	:			
Victim Age at Date of Off	ense: Was th	e Conviction a	PBJ? 🗌 Y 🔲	N If PBJ, did	the Court or	der regis	stration? 🔲 Y	\square N	
REGISTRATION	for in an analysis of the firm					.:			
Initial Regis Re-	Regis. Life [25 Year	15 Year Offen	se Category:	Tier I	Tier II	Tier III	:	
Current Reg. Date:	Curren	t Reg. Exp. Dat	e: In	nitial Reg. Date:		Releas	e Date:		
Court Designated Sexua	ılly Violent Predator	? 🗆 Y 🔲 N	Homeless?	□Y □N	□ W	eekly Re	gistration Requir	red	
Resident Status: ME	Resident 🔲 Non	-Resident Empl	oyed in MD	Non-resident	Student	☐ Visi	tor to MD		
This offender was subje	ct to registration und	ler MD Law on	Sept. 30, 2010 b	ased on: Choose	One				
This offender is subject	to SORNA retroacti	ve registration a	and a retroactive	term based on w	hich of the	followin	g?		
Choose One						···			
ADDRESS (PRIMAR)	Y)	,							
State:	County:		C	ity:		Zip	Code:		
Street Number:	Dir: Stree	t Name:			Suffix:		Apt/Unit #:		
Miscellaneous:	, <u>, , , , , , , , , , , , , , , , , , </u>		Curren	t Address? 🔲 Y	□N P	rimary A	ddress? Y	IN	
If registrant is homeless gi									
description of physical loca						and the second s			
EMPLOYMENT/SCH	OOL								
Organization Name:									
State:	County:	She of Market Market has been received.	C	ity:		Zip	Code:		
Street Number:	Dir: Stree	t Name:			Suffix:		Apt/Unit #:		
Employment Status: EEn	nployed DEmploy	ed at a School	☐ Student ☐	Volunteer C	Current? 🔲 Y	ΠN	Primary? 🗖 Y	ΠN	
VEHICLE							l v		
Tag .	Registration State VIN		Make	Model		Color	Year		
<u></u>								<u></u>	
I certify that I have been ac Criminal Proc. Art 11-701					ion of sex of	fenders (N	ID Code Ann.,	* ************************************	
				ATTACH DUC	 Этостр 4 р				
• ATTACH PHOTOGRAPH									
Registrant's Signature Date • ATTACH STATE FINGERPRINT CARD (CJIS 006)									
				-					
B : 131									
Printed Name of Agency Office	ial	ID#	Agency N				Date		



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REGISTRANT'S NAME	:					
ADDITIONAL DEMOGRAP	HICS		·			
Scars, Marks, Tattoos:						
Alias Names, DOB, SS#:	name i di sa manganan anda di sa		American and Proceedings of the Control of the Cont	The second secon		
ADDITIONAL OFFENSES						-
ADDITIONAL OFFENSE - S	ECONDARY	7	<u> </u>			
Conviction Jurisdiction		on County:		Sex Offens	se:	
Offense Date: Convict	ion Date:				type, crime description, etc):	
Victim Age at Date of Offense:		Conviction a P	вј? 🔲 Ү 🛄	N If PBJ, die	d the Court order registrati	ion? 🗌 Y 🔯 N
ADDITIONAL OFFENSE - T	ERTIARY					
Conviction Jurisdiction:			viction County:		Sex Offense:	
Offense Date:	Conviction				type, crime description, etc): d the Court order registrat	
Victim Age at Date of Offense:		Conviction a Pl	BJ? 📘 Y 📘 I	N II PBJ, ale	d the Court order registrat	ion? [Y [N
ADDITIONAL ADDRESS (Se		emporary)			7: 0 1	Value of the second sec
State:	County:		City:		Zip Code:	
Street Number:	Dir:	Street Nar	Samuel Sandaritory Comments - Control Comments	Suffix:		pt/Unit #:
Miscellaneous:		Current A	ddress?	Y DN	Primary Address?	□Y □N
If registrant is homeless give a description of physical location(s):		•				
ADDITIONAL EMPLOYMEN	NT/SCHOOL					And the second s
Organization Name:				The second secon	The state of the second st	The second secon
State:	County:		City	<i>,</i> ,	Zip Code:	
Street Number: Dir:	Street 1	Vame:	1 010	7.1	Suffix: Apt/U	nit #:
Employment Status: Employed	processor and the second	T	Student [] V	olunteer []		rimary? Y N
ADDITIONAL VEHICLES	Lilipioyee	at a School Land	Student Land V	ordineer	Cultonic gament	Imitary i have a family
Tag Registration State	VIN	1	Make	Model	Color	Year
Tag Registration State	VIN		Make	Model	Color	Year
Tag Registration State	VIN	Annual Control of the	Make	Model	Color	Year
INTERNET IDENTIFIERS	1111		Triale (1110401		
THE PROPERTY OF THE PARTY OF TH	Email L	Screen Name	Web Service Pro	ovider (e.g. AOL, N	MySpace, World of Warcraft)	Current Primary
Identifier I	<u> </u>	Screen Name			MySpace, World of Warcraft)	Current Primary
Identifier	Email Log On ID	Screen Name	Web Service Pro	vider (e.g. AOL, N	MySpace, World of Warcraft)	Current Primary
PROFESSIONAL LICENSES	And the Committee with an expert. The addressed to			Ctot ! III	aigh Danistment is Yissan 1	
Type:		Expiration Date			nich Registrant is Licensed:	
Type: Type:		Expiration Date Expiration Date		1 0 7 1 1	nich Registrant is Licensed:	
	<u></u>	Expiration Date	Y	Death III // I	Mon TreBibliant to Breeze	
Notes:						
Registrant's Initials:Dat	e:				Clear Form	e de la companya de l
Registration Official's Initials:	Date:					